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## APPLICANTS

KAR W. YUNG, TORRANCE, CA;  
 DONALD C.D. CHANG, THOUSAND OAKS, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/02/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Dee</i> Examiner's Signature	<i>JD</i> Initials			

## ADDRESS

HUGHES ELECTRONICS CORPORATION  
 Corporate Patents & Licensing  
 Bldg R11 Mail Station A109  
 P.O. BOX 956  
 EL SEGUNDO, CA90245-0956

## TITLE

METHOD AND SYSTEM FOR MAXIMIZING SATELLITE CONSTELLATION COVERAGE

FILING FEE RECEIVED 808	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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